

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ActBlue**

Full Name (Last, First, Middle Initial)

**A. MARYLOU FEENEY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2015

Mailing Address 1103 HUNT SEAT DRIVE

City	State	Zip Code
LOWER GWYNEDD	PA	19002

**Transaction ID : SB28A\_25423692**Purpose of Disbursement  
Contribution Refund

Amount of Each Disbursement this Period

Candidate Name

  
Category/  
Type

2.50
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Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Refund of contribution, initially earmarked for ACTBLUE (C00401224)

Full Name (Last, First, Middle Initial)

**B. HERB FEINSTEIN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

Mailing Address 325 CORDOVA ST 206

City	State	Zip Code
PASADENA	CA	91101

**Transaction ID : SB28A\_25803657**Purpose of Disbursement  
Contribution Refund

Amount of Each Disbursement this Period

Candidate Name

  
Category/  
Type

150.00
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Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Refund of contribution, initially earmarked for DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE (C00042366)

Full Name (Last, First, Middle Initial)

**C. DENISE FELHAUER**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2015

Mailing Address 1065 ALBIN DRIVE

City	State	Zip Code
LAPORTE	IN	46350

**Transaction ID : SB28A\_26203093**Purpose of Disbursement  
Contribution Refund

Amount of Each Disbursement this Period

Candidate Name

  
Category/  
Type

8.00
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Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Refund of contribution, initially earmarked for DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE (C00042366)

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

160.50
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